

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-009682**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED **FI**

Registration District No.

Primary Registration District No.

Registrar's No.

**ED FEB 13 1963**

**318** **1003** **1406**  
**XC-1 210 194**

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **ST. LOUIS, MISSOURI**

Length of stay in 1b

**47 DAYS**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY

c. CITY

OR TOWN

**ST. LOUIS**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION **VAH, 915 N. GRAND AVE.**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

**1518 MALLECKRODT ST.**

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First **ANDREW** Middle **ZAHNER** Last

## 4. DATE OF DEATH

Month **2/6/63** Day Year

## 5. SEX

**MALE**

## 6. COLOR OR RACE

**WHITE**

## 7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**12/24/91**

## 9. AGE (last birthday)

**71**

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired Machinist**

## 10b. KIND OF BUSINESS OR INDUSTRY

**American Foundry**

## 11. BIRTHPLACE (City and state or country)

**PERRYVILLE, MISSOURI, U.S.A.**

## 12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**WILLIAM ZAHNER**

## 13b. MOTHER'S MAIDEN NAME

**MARY LUCKEFUR**

## 14. NAME OF HUSBAND OR WIFE

**ETHEL ZAHNER**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**YES**

**WW-I**

## 17. INFORMANT

Address

**ETHEL ZAHNER (WIDOW) SEE #2**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**CEREBRAL METASTASES**

#### DUE TO (b)

**CARCINOMA OF LUNG SUSPECTED**

#### DUE TO (c)

**163X**

## INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

**12/21/62**

to **2/6/63**

and last saw him alive on **2/6/63**

Death occurred at **10:05 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**2-9-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Mt. Hope Cemetery**

## 23d. LOCATION (City, town, or county)

**Perryville, Mo.**

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

**Bay Funeral Home, Perryville, Mo.**

## 25. DATE RECD. BY LOCAL REG.

**FEB 8 1963**

## 26. REGISTRAR'S SIGNATURE

**Loan Smith, M.D.**

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1  
2 **226**  
3  
4 **0**  
5 **1**  
6  
7 **0**  
8 **2**  
9  
10  
11  
12 **83-0**  
13

**83**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.